



Calvary Academy

Financial Aid Application
2025-2026 School Year

Instructions:

Return this form **along with a copy of the most recent tax return** to:

Calvary Academy, Attn: Financial Aid Committee, 1730 W. Jefferson Street, Springfield, 62702.

Father/Guardian:

Name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Employer: _____ Phone #: _____

Mother/Guardian:

Name: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Employer: _____ Phone #: _____

Children attending Calvary Academy for which financial aid is being sought:

STUDENT NAME	SCHOOL YEAR	TUITION AMOUNT	AMOUNT OF AID REQUESTED	TUITION COST AFTER FINANCIAL ASSISTANCE

List other dependents or persons receiving support from you:

NAME	RELATIONSHIP	LIVING WITH YOU	ANNUAL SUPPORT

Church: _____ **Phone #:** _____

Pastor's Name: _____

Do you receive any type of assistance from any other source? _____

(Community Child Care, state assistance including SNAP or Medicaid. The State of Illinois offers a free lunch to all students in public school. Some Calvary Academy students may qualify for the National School Lunch program offering a free or reduced priced lunch. Those students will also qualify for a portion of financial aid.)

If yes, please list:

Estimated Monthly Budget

If payments are made annually, divide by 12.
Do not leave any blanks, use "0" or "N/A" (not applicable).

INCOME

Total monthly wages after taxes: \$ _____
(combined household income)

Other monthly income: \$ _____
(child support, welfare, unemployment)

List source of other income: _____

Total Monthly Income \$ _____

EXPENSES

Charitable Contributions
 Tithe \$ _____
 Offering \$ _____
 Other Contribution \$ _____
Total Charitable Contributions \$ _____

Home
 Rent/Mortgage \$ _____
 Electricity/Heating \$ _____
 Trash \$ _____
 Water/Sewer \$ _____
 Telephone \$ _____
 Maintenance \$ _____
 Other \$ _____
Total Home Expenses \$ _____

Auto
 Car payment(s) \$ _____
 Gas \$ _____
 Repairs \$ _____
 Insurance \$ _____
 License, parking, etc. \$ _____
Total Auto Expenses \$ _____

Living
 Food \$ _____
 Restaurants/Fast Food \$ _____
 Clothing \$ _____
 Cable \$ _____
 Hair \$ _____
 Retreats/Camps \$ _____
 Babysitting \$ _____
 Music Lessons \$ _____
 Family Entertainment/Vacation \$ _____

Life Insurance		\$ _____
Current Monthly Tuition		\$ _____
Other (Savings Bond, 401K, United Way, etc.)		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____

Total Living Expenses \$ _____

Medical – not paid by employer or insurance company

Insurance payment		\$ _____
Doctor/Dental visits		\$ _____
Prescriptions		\$ _____
Other (ortho, eye, etc.)		\$ _____
_____		\$ _____
_____		\$ _____

Total Medical Expenses \$ _____

Debt

Credit Card	Payment \$ _____	\$ _____
Credit Card	Payment \$ _____	\$ _____
Credit Card	Payment \$ _____	\$ _____
Other	Payment \$ _____	\$ _____
Other	Payment \$ _____	\$ _____

Total Debt Expenses \$ _____

Total Monthly Expenses \$ _____

Summary of Income and Expenses

Total Monthly Income	\$ _____
Total Monthly Expenses	\$ _____
Difference (+ or -)	\$ _____

Assets and Liabilities

Investments including savings accounts, money market, mutual funds, stocks, bonds, etc.

Description: _____	Current Market Value \$ _____
Description: _____	Current Market Value \$ _____
Description: _____	Current Market Value \$ _____

Home: Year purchased _____ Current Market Value \$ _____

Car: Year/Make/Model _____

Purchase Date _____ Purchase Price _____ Amount Owed _____

Please indicate the circumstances that led you to request financial aid:

I/we certify that this Financial Aid Application is accurate and complete to the best of my/our knowledge. I/we agree to provide additional documentation upon request.

I/we understand it is our responsibility to notify the Business Administrator if our financial condition improves during the year.

I understand that any credit balance on this account at the end of the school year will automatically be applied to my account for the next school year. If my student does not return to Calvary Academy for the next school year, any credit balance will be credited back to Calvary Academy's financial aid program. I also understand, in the event of early withdrawal from Calvary Academy, any credit balance on this account will be transferred back to Calvary Academy's financial aid program.

Applicant's Signature

Co-Applicant's Signature

Date

Calvary Academy admits students of any race, color, national or ethnic origin, sex, age, or handicap to all the rights and privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, sex, age, or handicap in administration of its educational or financial policies.